

(REFERENCE COPY - Not for submission)

Children's Television Programming Report

FRN: **0002710192** File Number: **0000112405** Submit Date: **04/20/2020** Call Sign: **KRTV** Facility ID: **35567** City:

GREAT FALLS State: MT

Service: Full Service Television Purpose: Children's TV Programming Report Status: Received Status Date:

04/20/2020 Filing Status: Active

Report reflects information for year 2019

General
Information

Section	Question	Response
Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
SCRIPPS BROADCASTING HOLDINGS LLC Doing Business As: Scripps Media, Inc	David Giles C/O SCRIPPS MEDIA, INC. 312 WALNUT ST., 28TH FLOOR CINCINNATI, OH 45202 United States	+1 (513) 977- 3000	DAVE. GILES@SCRIPPS.COM	Company

Contact Representatives (2)

Contact Name	Address	Phone	Email	Contact Type
Christina Burrow COOLEY LLP	Christina Burrow 1299 PENNSYLVANIA AVE., NW SUITE 700 WASHINGTON, DC 20004 United States	+1 (202) 776- 2687	cburrow@cooley. com	Legal Representative
DANIEL STARK CHIEF ENGINEER Scripps Media, Inc.	P.O. BOX 2989 GREAT FALLS, MT 59403 United States	+1 (406) 791- 5400	DAN@KRTV.COM	Technical Representative

Children's Television Information

Section	Question	Response
Station Type	Station Type	Network Affiliation
	Affiliated network	CBS Ch 3.1, CW Ch. 3.2, Grit Ch.3.3, Ion Ch. 3.4
	Nielsen DMA	Great Falls
	Web Home Page Address	www.krtv.com

Digital Core Programming

Question	Response
Indicate which of the Core Programming safe harbor processing guidelines the station elected to utilize during the covered reporting period to demonstrate compliance with the Children's Television Act of 1990 (See 47 CFR Section 73.671(d))	Category A, Option 1: Three-hours per week (as averaged over a six-month period) of Core Programming
State the total number of hours of regularly scheduled weekly Core Programming broadcast per quarter by the station on its main program stream	Q1: 0.0 Q2: 0.0 Q3: 4.0 Q4: 26.0
State the total number of hours of regularly scheduled weekly Core Programming broadcast per quarter by the station on a multicast stream	Q1: 0.0 Q2: 0.0 Q3: 2.0 Q4: 13.0
Does the Licensee provide information identifying each Core Program aired on its station to publishers of program guides as required by 47 CFR Section 73.673?	Yes

Digital Core Programs(7)

Digital Core Program (1 of 7)	Response
Title of Program	Lucky Dog Ch. 3.1 Sat. 9 /21-12/28 8:30-9am
Did each broadcast of the program, including any rescheduled preemptions, occur between 6:00 AM and 10:00 PM?	Yes
Does the program have serving the educational and informational needs of children ages 16 and under as a significant purpose?	Yes
Type of Core Programming	Regularly scheduled weekly program
Total Times Aired	15
State the number of hours the program was aired on the station's main program stream and/or a multicast stream	Main Program Stream Q1:0.0, Q2:0.0, Q3:1.0, Q4:6.5 Multicast Stream Q1:0.0, Q2:0.0, Q3:0.0, Q4:0.0
Were any regular scheduled weekly programs preempted	No
Length of Program	30 minutes
Age Range of Target Child Audience	13-16
For each broadcast of the program on a commercial or Class A station, did the Licensee identify the program by displaying throughout the program the E/I symbol?	Yes

Digital Core Program (2 of 7)	Response
Title of Program	Dr. Chris Pet Vet Ch. 3.1 Sat.9/21 8: 30-9am, Sat. 9/28-12/28 9:30-10am
Did each broadcast of the program, including any rescheduled preemptions, occur between 6:00 AM and 10:00 PM?	Yes
Does the program have serving the educational and informational needs of children ages 16 and under as a significant purpose?	Yes
Type of Core Programming	Regularly scheduled weekly program
Total Times Aired	15
State the number of hours the program was aired on the station's main program stream and/or a multicast stream	Main Program Stream Q1:0.0, Q2:0.0, Q3:1.0, Q4:6.5 Multicast Stream Q1:0.0, Q2:0.0, Q3:0.0, Q4:0.0
Were any regular scheduled weekly programs preempted	No
Length of Program	30 minutes

Age Range of Target Child Audience	13-16
For each broadcast of the program on a commercial or Class A station, did the Licensee identify the program by displaying throughout the program the E/I symbol?	Yes

Digital Core Program (3 of 7)	Response
Title of Program	Innovation Nation Ch 3.1 Sat. 9/21 9-9:30am, Sat. 9/28-12/28 8:30- 9am
Did each broadcast of the program, including any rescheduled preemptions, occur between 6:00 AM and 10:00 PM?	Yes
Does the program have serving the educational and informational needs of children ages 16 and under as a significant purpose?	Yes
Type of Core Programming	Regularly scheduled weekly program
Total Times Aired	15
State the number of hours the program was aired on the station's main program stream and/or a multicast stream	Main Program Stream Q1:0.0, Q2:0.0, Q3:1.0, Q4:6.5 Multicast Stream Q1:0.0, Q2:0.0, Q3:0.0, Q4:0.0
Were any regular scheduled weekly programs preempted	No
Length of Program	30 minutes
Age Range of Target Child Audience	13-16
For each broadcast of the program on a commercial or Class A station, did the Licensee identify the program by displaying throughout the program the E/I symbol?	Yes

Digital Core Program (4 of 7)	Response
Title of Program	Mission Unstoppable Ch. 3.1 Sat. 9-9:30am 9/28-12/28
Did each broadcast of the program, including any rescheduled preemptions, occur between 6:00 AM and 10:00 PM?	Yes
Does the program have serving the educational and informational needs of children ages 16 and under as a significant purpose?	Yes
Type of Core Programming	Regularly scheduled weekly program
Total Times Aired	14

State the number of hours the program was aired on the station's main program stream and	Main Program Stream
/or a multicast stream	Q1: 0.0,
	Q2: 0.0,
	Q3: 0.5,
	Q4: 6.5
	Multicast Stream
	Q1: 0.0,
	Q2: 0.0,
	Q3: 0.0,
	Q4: 0.0
Were any regular scheduled weekly programs preempted	No
Length of Program	30 minutes
Age Range of Target Child Audience	13-16
For each broadcast of the program on a commercial or Class A station, did the Licensee identify the program by displaying throughout the program the E/I symbol?	Yes

Digital Core Program (5 of 7)	Response
Title of Program	Hope in the Wild Ch. 3.1 Sat 9/21 9:30-10am
Did each broadcast of the program, including any rescheduled preemptions, occur between 6:00 AM and 10:00 PM?	Yes
Does the program have serving the educational and informational needs of children ages 16 and under as a significant purpose?	Yes
Type of Core Programming	Regularly scheduled weekly program
Total Times Aired	1
State the number of hours the program was aired on the station's main program stream and/or a multicast stream	Main Program Stream Q1:0.0, Q2:0.0, Q3:0.5, Q4:0.0 Multicast Stream Q1:0.0, Q2:0.0, Q3:0.0, Q4:0.0
Were any regular scheduled weekly programs preempted	No
Length of Program	30 minutes
Age Range of Target Child Audience	13-16
For each broadcast of the program on a commercial or Class A station, did the Licensee identify the program by displaying throughout the program the E/I symbol?	Yes

Digital Core Program (6 of 7)	Response
Title of Program	Chicken Soup for the Soul's Animal Tales Ch.3.2 Sat. 9/21-12/28 10-10: 30am
Did each broadcast of the program, including any rescheduled preemptions, occur between 6:00 AM and 10:00 PM?	Yes

Does the program have serving the educational and informational needs of children ages 16 and under as a significant purpose?	Yes	
Type of Core Programming	Regularly scheduled weekly program	
Total Times Aired	15	
State the number of hours the program was aired on the station's main program	Main Program Stream	
stream and/or a multicast stream	Q1: 0.0,	
	Q2 :0.0,	
	Q3: 0.0,	
	Q4 :0.0	
	Multicast Stream	
	Q1: 0.0,	
	Q2: 0.0,	
	Q3:1.0,	
	Q4 :6.5	
Were any regular scheduled weekly programs preempted	No	
Length of Program	30 minutes	
Age Range of Target Child Audience	13-16	
For each broadcast of the program on a commercial or Class A station, did the Licensee identify the program by displaying throughout the program the E/I symbol?	Yes	

Digital Core Program (7 of 7)	Response
Title of Program	Did I Mention Invention Ch. 3. Sat. 9/21-12/28 10:30-11am
Did each broadcast of the program, including any rescheduled preemptions, occur between 6:00 AM and 10:00 PM?	Yes
Does the program have serving the educational and informational needs of children ages 16 and under as a significant purpose?	Yes
Type of Core Programming	Regularly scheduled weekly program
Total Times Aired	15
State the number of hours the program was aired on the station's main program stream and/or a multicast stream	Main Program Stream Q1:0.0, Q2:0.0, Q3:0.0, Q4:0.0 Multicast Stream Q1:0.0, Q2:0.0, Q3:1.0, Q4:6.5
Were any regular scheduled weekly programs preempted	No
Length of Program	30 minutes
Age Range of Target Child Audience	13-16
For each broadcast of the program on a commercial or Class A station, did the Licensee	Yes

Sponsored Core Programming (0)

Liaison Contact /Other Efforts

Question	Response
Name of children's programming liaison	Pam Hofferber
Address	3203 3rd Avenue North
City	Billings
State	MT
Zip	59101
Telephone Number	(406) 869-2212
Email Address	pam.hofferber@ktvq.com

Certification

Question Response

The undersigned certifies that he or she is (a) the party filing the Children's Television Programming, or an officer, director, member, partner, trustee, authorized employee, or other individual or duly elected or appointed official who is authorized to sign on behalf of the party filing the Children's Television Programming; or (b) an attorney qualified to practice before the Commission under 47 C.F.R. Section 1.23(a), who is authorized to represent the party filing the Children's Television Programming, and who further certifies that he or she has read the document; that to the best of his or her knowledge, information, and belief there is good ground to support it; and that it is not interposed for delay.

FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID

Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).

I certify that this application includes all required and relevant attachments.

Yes

I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.

Pamela Hofferber

Traffic Supervisor

04/20 /2020 **Attachments**

No Attachments.